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Unique Device Saves Infants

Director Freeman Bradley and senior engineer Ron Baker of the Research and Development Laboratory check neonatal transport device in the Intensive Care Nursery.

On the fifteenth-floor Intensive Care Nursery and the fourth-floor operating room of Moffitt Hospital, nursing and medical staff help save the lives of the tiniest, and perhaps most delicate, patients.

Buildings and floors away — in a cluttered basement laboratory — instrument makers, electronics technicians and engineers perform their craft, also with meticulous precision. Though far from any patient, they too play a life-saving role.

This is a story of how physicians and nurses from different specialties teamed with staff in the Research Development Laboratory (RDL) to design a gadget-filled, but sophisticated, piece of equipment that aids premature infants who must undergo surgery. Dubbed the Neonatal Unit Transport for Surgery (NUTS), and the only one of its kind, it is equipped with battery-operated life-support systems and monitors. It can easily be moved and converted from an intensive care bed to a surgery table, and back again.

Before its completion this summer, infants — some weighing as little as one pound — had to travel 11 floors from the ICN to the OR in a specially designed cart, then be removed from the cart and placed on an operating table. This transfer, dislodging and reattaching tubes and life-support apparatus — taking 15-20 minutes — could be as traumatic to the critically ill infant as the surgery itself at a time when every second is crucial.

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Not satisfied with what they saw on the outside, they turned to RDL director Freeman Bradley a year ago.

Getting the unit designed and produced wasn't easy. "We had to design something to satisfy three different specialties," says Bradley. "The pediatrician, who is responsible for the infant in the ICN, the surgeon who must have mobility to work on and around the patient, and the anesthesiologist, who must be positioned at the head end of the infant and have ready access to monitoring devices and an adequate supply of respiratory gases."

Also very important to consider were the requirements of the ICN nurses who care for the infant most of the time and of the OR nurses who perform the delicate operating-room care.

"All these people had their own ideas of what the unit should have. And finally the unit had to be compatible with the existing ICN or OR layout," says Bradley.

Although the RDL had gained a campus reputation for its ability to design or repair the most complex instruments for research and patient care, this project was to become one of its most challenging.

(Continued on page 4)

Women Weight Lifters

Above, Lucy Fisher on the knee/thigh machine. Above right, instructor Al Kerr shows Anne Whiting tricep exercise using the pulley machine.

One woman was mired in job burnout. Others found that running, biking or swimming didn't do the trick. Still another said she wanted to look more beautiful.

So they all took up weight lifting.

It used to be a man's world, pumping iron, says Al Kerr, Millberry Union recreation supervisor. Not any more. These days his own classes in weight training are 90 percent women.

About half a dozen women are working out this particular afternoon in Millberry's upper weight-training room — at the stationary bikes, the incline benches or in the center of the room at the Universal weight machine. The Universal is a multistation apparatus of aluminum bars, arranged at various heights and angles, and stacks of black cast-iron plates, the weights, grouped mostly in 10-pound increments.

Digna Bustillo, who just hit 40, stands looking at it, her face a mix of distrust and curiosity. She's here with her daughter, Libby, 15, for the first of three private weight-training sessions from Kerr. A clinical social worker I in the Intensive Care Nursery, Bustillo says that she wants a body that looks beautiful. "So I don't want to work on my biceps."

Kerr corrects her. "Yes you do. See how soft that arm is." His fingers press into an unfirm upper arm.

Hers is a common misconception about weight training. Women, says Kerr, tend to confuse it with competitive body building, which requires some nine hours a day of rigorous training, supplemented by a special diet.

In a regular weight-training program — about 45 minutes three times a week — a woman hardly comes away with bulges and ripples. Instead, she gets a more streamlined body, as strengthened muscle fibers replace the fat.

Digna Bustillo starts at the bench press for work on the pectorals, in the chest area. She lies on her back, takes hold of the T-shaped bar above and pushes. Her teeth clench. She manages to lift the 50 pounds of iron. A little too heavy. Kerr removes a weight. Bustillo will begin on the bench press at a gentler 40 pounds.

At the leg press, Bustillo, who runs three to five miles daily, hoists an impressive 210 pounds. Most women are stronger in the upper body, a fact that surprises many beginners.

Then it's on to the shoulder press, the knee-thigh machine, the arm curls, the hip flexor — a series of 11 exercises in all. Together, they work on every muscle in the body.

A slow pace and patience on the part of the novice are crucial, Kerr says. "I tell people that if they haven't done anything in 10 or 20 years, it takes a few months."

He turns to Bustillo. "You'll be very proud of yourself in a month or so," he says.

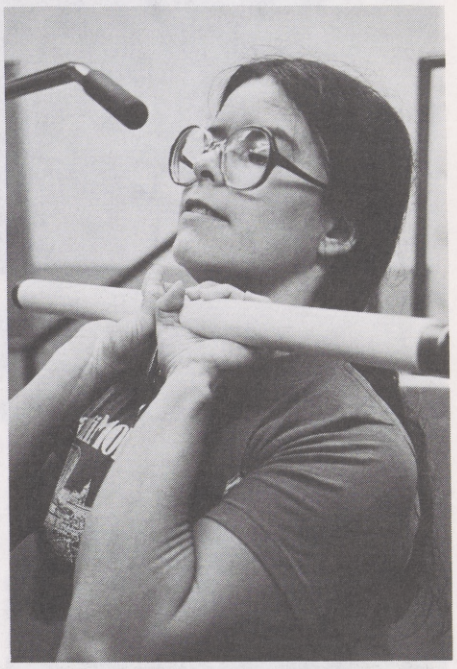
After just one month, weight training seems to have paid off for Lilli Bradin, a clinical social worker III with the Kidney Transplant Service. Bradin, a fit-looking 44, pumps vigorously astride a stationary bike. Though she cycles eight to ten miles regularly, she says a 30-second spin in the gym is more of a challenge. "There's no coasting on this bike. It's relentless."

Bradin, who also walks to work and swims, says her active life style was no match for nature's insidious onslaught in the problem areas of the abdomen and upper arms. "I have more confidence now in the way I look," she says.

Across the room small, wiry Sheila Greenberg, 48, secures her foot in a leather ankle strap and pulls 20 pounds at the leg curl station. Greenberg is a clinical nurse III at the LPPI adult in-patient service. Though she works on all her muscles for balanced development, she says her real interest is building upper body strength.

Next, watching herself intently in the large wall mirror, she stretches arms to the side and raises two five-pound dumbbells above her head in rhythmic, careful strokes. She explains that her avocation is bonsai — raising, training and pruning dwarf trees — and that she sometimes has trouble lifting and carrying her potted trees, which can weigh up to 70 pounds.

She takes a few energetic strides to the Universal for several effortless-looking chin-ups. "I was sur-



Left, members of Millberry Union weight-training class exercising at different stations of the Universal machine: (top right) Eve Perara doing a standing row; (center) Kaye Johnson on the bench press; (bottom right) Michele Gedris does leg exercise using machine's ankle strap.

prised at how easy it was," she says about weight training.

Lucy Fisher, a second-year master's degree nursing student, comes in from an hour's run. Fisher, 38, is in training for the Honolulu Marathon, but says that fitness for a 26-mile race doesn't help you chop firewood on a camping trip or pull yourself over man-sized boulders when you're hiking in the wilderness.

Her image of weight training has changed, she adds. "I would never have gone into it a few years ago. It wasn't feminine. Now it's acceptable, even admired."

In eight months her strength has progressed. She's up to 60 pounds on the bench press. "Toning is just a nice side effect," she says.

The returns are more than physical, says Janet Norton, assistant director, News and Public Information Services. Norton, 42, signed up for an initial program at Jane Fonda's Workout — a gift from teenage son Joey — with qualms. She didn't think she'd be up to 50 strenuous minutes at weight machines after a full day on a high-pressure job.

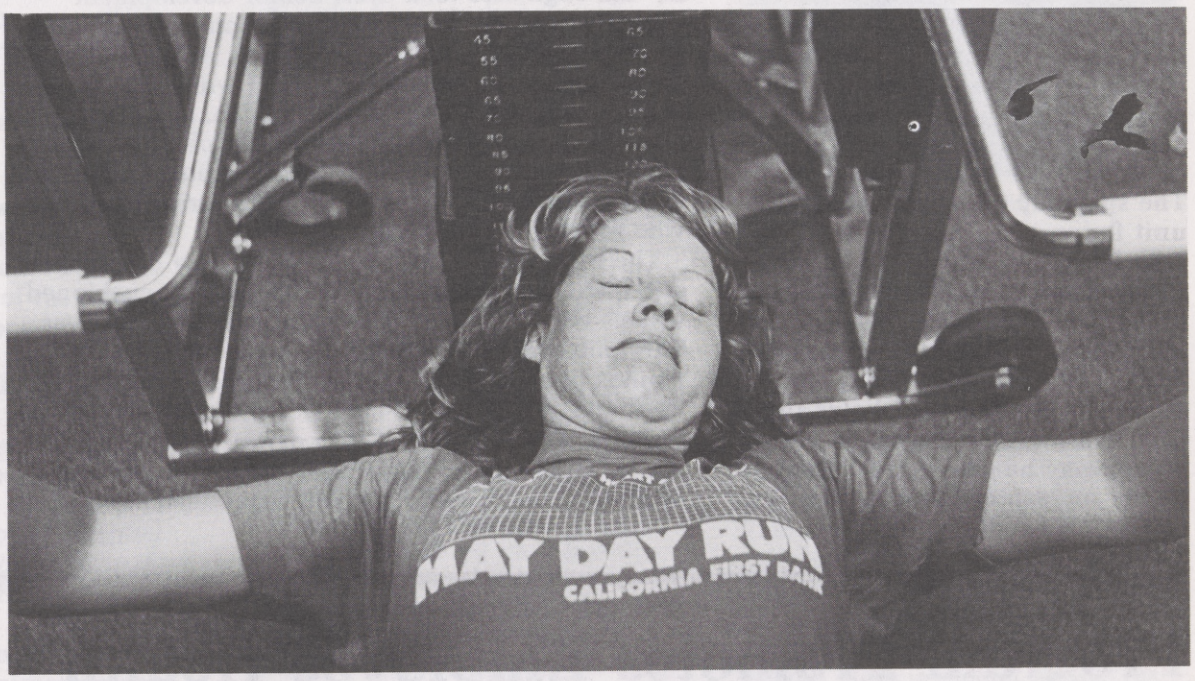
Six months later, Norton, whose tranquil demeanor belies any suggestion of pressure, says that when she has to skip a session, she misses it and the renewed energy and release from tension that come with it. "The nicest part about weight training is feeling good about yourself. It carries over into everything you do."

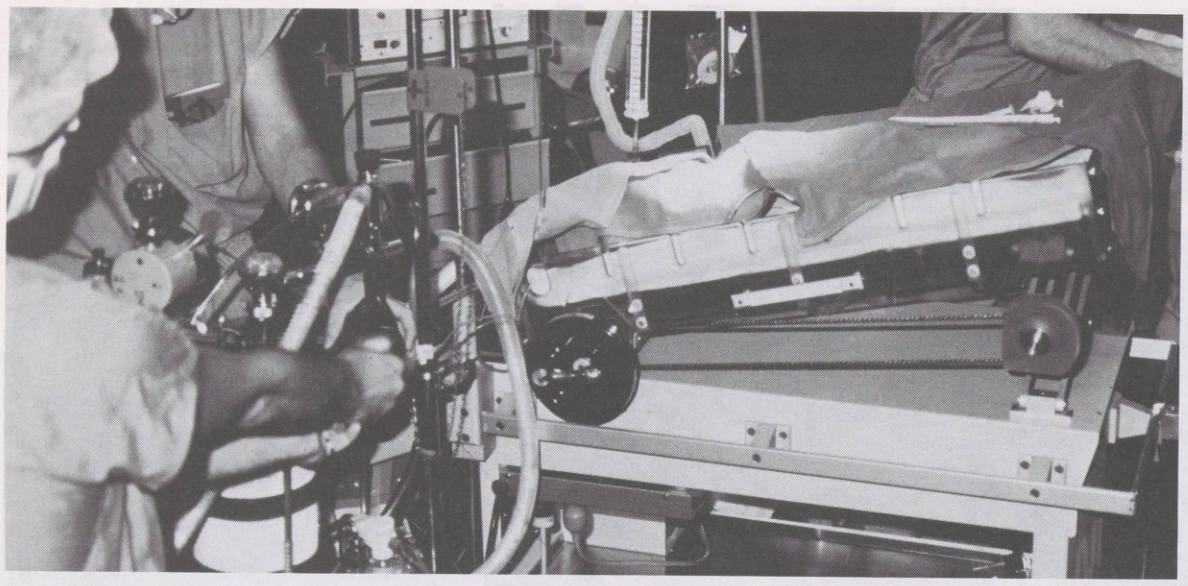
For Mary Ellen Kuhlmann, it's been downright spiritual. Not long ago, at the weary age of 23, she was bored with her job, tired and listless the rest of the time and scrawny besides.

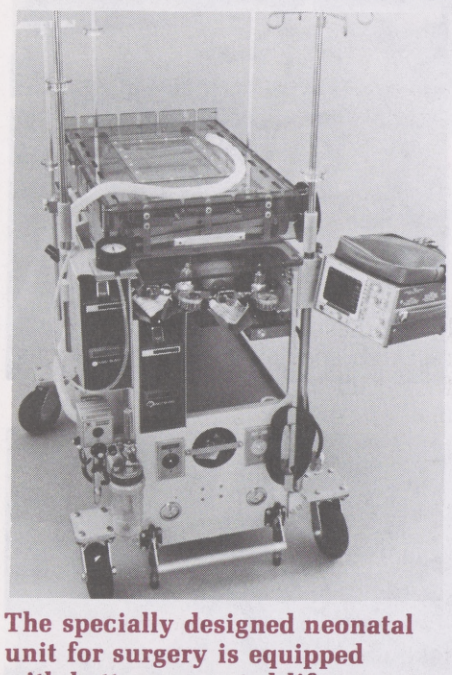
But after two and a half years of regular workouts, she says life is filled with meaningful parallels, and promise of more to come. Her job (the same one) as medical transcriber in the Department of Neurological Surgery has acquired new relevance now that she's working toward a degree in physical therapy.

It was the self-discipline required in weight training, says Kuhlmann, that suggested the range of life's other opportunities and achievements, there for the pursuing. "There are so many more things to learn about. For me, this is just the beginning."

Michele Liapes







The specially designed neonatal unit for surgery is equipped with battery-operated life support systems and monitors. It is easy to move and converts from an intensive care bed to a surgery table. Top, in the operating room, the bassinet that holds the tiny infant (under covers in photo) may be adjusted or tilted by the surgeon or anesthesiologist.

Neonatal Transport Device

(Continued from page 1)

Three general meetings and about half a dozen consultations were held. Every design idea had to be checked and approved by members of each specialty. "The planning itself was a very difficult process," said Robinson. "The design needs of one weren't always compatible with those of the others."

After all the planning meetings and a design ironed out to everyone's satisfaction, RDL engineers took over. Senior development engineer Ron Baker oversaw production of the unit from scratch to finish. During those six months the unit became the "baby" of all who worked on it, including instrument maker Bill Fabian, associate development engineer Arthur Lutz, Robert Vreeland, who handled the electronics, and Nicholas Noyas, a Sacramento State University bioengineering student who interned in the RDL.

The result is a transport system with a bassinet and instruments mounted on five-inch air-cushioned wheels built to absorb shock and easy to maneuver. The unit is strong enough to hold the nearly 200 pounds of equipment — monitors, life-support systems and gauges — but compact enough to fit through the narrowest ICN doorway, which turned out to be 30 inches. Leg stands are locked to keep it in place during surgery and when stationed in the ICN.

The unit has collapsible IV poles and the bassinet removable sides, so the physicians and nurses have easy access to the infant. Beneath the transport bassinet is an x-ray cassette slot. A hand crank adjusts the bassinet to different heights, and the anesthesiologist is able to tilt the head of the bassinet to desired positions.

"When we first started talking about it, I feared it might be a 'white elephant,'"admits Anne Levine, a head nurse in the OR and member of the design committee. "But each time we've used it, it has proved to be what we hoped."

"With the new unit," says Robinson, "overall efficiency is improved, monitoring is continuous, risks decrease and an average of 30 minutes of crucial OR time is saved."

The smaller and sicker the infant, the more valuable the unit is, explains Kitterman.

Although not necessary or appropriate for all neonatal surgical cases, the unit is used three to four times a week, according to ICN head nurse Kathy Gesley. It has received high marks from others who have worked with it, she says.

The benefits go beyond the device itself. "Everyone now works together — more as a team. The transport system, and the planning behind it, have helped bring our units together," Robinson says.

The planning was a "melting pot of ideas," says Harrison. "It's a lesson for the university on how you can focus on a problem. Input from caring people can achieve results."

Because of the success of the Neonatal Unit Transport for Surgery, other institutions may be interested in such a device. "It may not be this particular model but something similar would really aid neonates in surgery," says Robinson.

The RDL has applied for a patent, but would not manufacture on a large scale. It would be given to a private firm to mass produce, Bradley says.

"Future copies may become just pieces of equipment," says Robinson. "But this first one — because of the care, concern and planning that went into it — is something very special to all of us."

Andy Evangelista

Program Promotes Employee Health

Promoting good health among employees is a growing interest in many companies and institutions. At UCSF, the Employee Health Promotion Program has been launched as a result.

The Office of Public Service Programs (OPSP), which assists local firms to develop employee health promotion plans, decided last spring to propose something for employees here. A one-year program — with funds from the campus's four schools, Hospitals and Clinics and UC-Systemwide — was initiated to identify, encourage and support employee self-help efforts at health promotion.

Last June, more than 1100 UCSF employees responded to an OPSP survey about their interest in exercise, stress management, weight control and other health promotion activities. In response to the survey, 210 were given a Health Hazard Appraisal, which analyzes personal life style risks.

This fall, more than 200 campus members joined the 20 free, weekly Employee Health Promotion Program classes. Classes, ranging in size from 5 to 15 persons, included Interpersonal Skills for Women, Basic Movement for Stress Reduction, Healthy Eating for Weight Control and How to Stop Smoking. Most groups were led by UCSF faculty and staff, who volunteered their time.

Many of the fall classes will be offered again during the program's next series, January 31 to March 11. All employees will receive a listing of classes, times and locations.

The Employee Health Promotion Program is coordinated by Patty Zindler-Wernet of the OPSP and backed by a 29-member committee, chaired by Joseph Barbaccia, MD, vice chairman of Family and Community Medicine.

Zindler-Wernet is a doctoral student in administration in the Mental Health and Community Nursing Department of the School of Nursing. As a nurse, she said, she is concerned about making work life more healthful.

"It takes two to three years to assess the benefit of programs such as this one," Zindler-Wernet noted. "Corporations that have had health promotion and risk reduction programs for a couple of years are beginning to document the impact in decreased absenteeism, sick leave and workmen's compensation that results.

"What we can do in one year is use our program for consciousness raising," said the coordinator, who believes that a health care institution is in a unique position to offer comprehensive prevention and health promotion programs to its employees.

Although the program is funded for one year, the hope is that participants will maintain their groups.

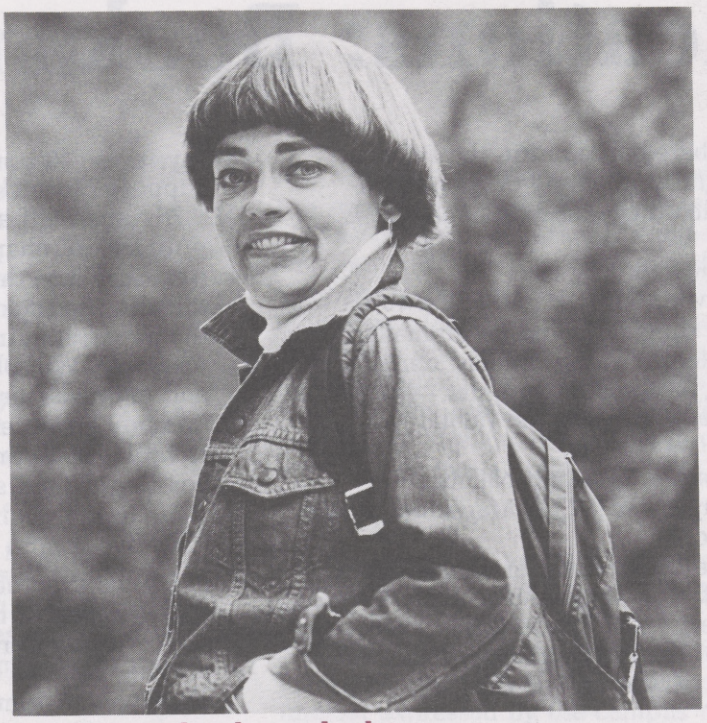
In April, according to Zindler-Wernet, listings of health promotion programs and groups will be published in the Staff Employee Council Survival Guide.

"Our long-range goal is to integrate the Employee Health Promotion Program with other employee issues on campus," Zindler-Wernet said.

"It's a myth that health professionals and others in the health care setting don't need help," she said. "Statistics show that health career employees are more prone to alcoholism and drug addiction than people in other fields. Many programs can impact on emotional stress claims before people feel that they've had it," said Zindler-Wernet.

"The self-help format emphasizes the fact that somebody who has been there looks at the issue with you," she explained. "This approach has been found to be successful. When peers work with one another you don't have the imposition of someone who hasn't been there. The sense of community that people get from working together is very powerful."

PEOPLE



Jane Benson has learned a lot from the outdoors.

Breakdowns are routine for Albert Dangel.

Jane Benson began a life in the wide open outdoors because of an infected blister on her foot. "I couldn't cocktail anymore," she says.

Benson, an administrative assistant in the Department of Psychiatry, had been working her way through college as a cocktail waitress when she hurt her foot. It was the three months of forced reflection while she recovered that changed her way of life. Well again, and newly appreciative of the feet she had always taken for granted, she went on her first hike. She's been hiking every weekend for eight years since then. She leads Sierra Club outings regularly and is an elected officer in the club's San Francisco Bay chapter.

The trails of the Marin headlands, Point Reyes, or Mt. Tamalpais — "a truly magical mountain" — are continuing sources of discovery, she says. So is sharing their marvels with others.

For Benson, every outing is different, though the hikes she leads all feature the cardiovascular benefits of a brisk 2,000- or 3,000-foot climb. Other highlights might be a sudden and unexpected panorama of the Bay and city skyline; the subtle aesthetics in the rocks of a treeless slope; the backwoods architecture still evident in the decayed remains of a hermit's home.

Benson always gets back more than she gives, even from the administrative details of planning and scouting a route, coordinating up to 30 people, applying first aid when necessary and just making things work. "I'm learning all the time about people, about myself and about communication — a really valuable skill," says Benson, who is also working on her master's degree in public administration.

The outdoor life has taught her some philosophy as well. Take last summer's backpacking trip on Mt. Whitney, and a stretch through Forester Pass over crevices, rocks and crusty patches of old snow — the kind of ground, says Benson, that makes you plan your every move. "We all made it. That challenge taught me what it was to be fully in the here and now."

She's been trying to live that way since then. "The here and now is all we ever have," she says. "You do so much better when you take one step at a time."

When the plumbing needs fixing, or the oil filter in the car wants changing or four-year-old son Timothy's new tricycle has to be assembled, the lady of the house, Juliati Jones, is the one who does it.

Jones, who plays the piano, too, says that she enjoys working with her hands. Two years ago she decided to apply her enjoyment. She left her job as a medical technologist in a Moffitt Hospital immunology laboratory and became a student in the UCSF School of Dentistry.

A native of Indonesia with a master's degree in microbiology, Jones says that manual dexterity is essential for the meticulous intricacies of cutting a tooth to specific design, making a stone cast or gel-type impression or casting it in metal. Seated at her worktable in the lab, she takes a fine-pointed metal probe and pokes critically at a gold inlay. She says that it has to be so smooth it feels indistinguishable from the tooth it covers.

Whatever the procedure, a student strives for perfection throughout, says Jones, since dental work is the kind of artistry that tolerates no less. Even the tiniest flaw at any stage shows up in the end, when the final product doesn't quite fit. Then you begin again, from scratch.

In balancing full-time schooling and family life, she has the steady support of husband Clarence, a high school history teacher. Though she has fewer hours with son, Timothy, she compensates with quality playtime undiluted by household distraction. "Before, I'd be doing dishes at the same time, or watching TV."

"I'll always be a family person first," she adds. "School is extremely important to me. But if Timothy is sick, and I have a test that day, I'll stay home."

Jones plans to set up a private practice in general dentistry, thereby having the things that matter most — variety in the work, people, contact with patients of all ages and time at home.

Says Jones, "I think it's important for people to do what they enjoy. The hardest part is to find it."

On any rainy morning, people arriving at the Cardiovascular Research Institute (CVRI) are greeted by the sight of soaked shirt, pants and socks steaming over the hallway radiator. But they're accustomed to it. It's Albert Dangel drying his clothes again. Dangel, a research specialist, bikes to campus from Mill Valley every working day, and the foulest of forecasts is no deterrent.

Looking comfortable in a second set of clothes he keeps at the office, he says that he wasn't always so determined. A twinge in the muscle, or the possibility of working overtime was reason enough to take the bus five years ago, but gradually "I made myself get used to it, because I knew it would eventually be fun."

Now, he even looks forward to the annual Davis Double Century, a 200-mile loop up, over and back across the hills and mountain ranges of five counties. During weekends, he trains on Mt. Tamalpais, sometimes with CVRI colleagues Jon Goerke and John and Linda Gonzales, also cyclists.

And a late night at the lab is something he takes in stride, even though there is a good chance his bike light will miss the log of driftwood lurking in the unlit stretch of shoreline between Sausalito and Mill Valley, or the deer on the dark and winding roadway through Fort Baker. "I can hear the clatter of hooves on the pavement and just hope that they can see me better than I can see them."

Dangel shrugs and says that daylight commuting offers just as many hazards: a bus turning left from the wrong lane; a motorist pulling from the curb without looking; or that most capricious of moving objects, the pedestrian.

Breakdowns on the road are routine, he says. Flats are inevitable (three on one crossing is his record). Also, there's no escaping frayed brake cables, a sudden fracture that splits the handlebar in two or a broken seatpost.

Aside from the routine potential for inconvenience, near miss or outright disaster, Dangel says that the two-hour round-trip commute is the kind of high he needs for his day. "You become addicted."

Michele Liapes

Juliati Jones strives for perfection when doing dental work.

Publications: Books . . . Bulletin . .

The Publications Office is one unit of the Department of News and Public Information Services.

The department includes the *Campus News Bureau,* which handles press and media inquiries and generates news and feature stories about faculty, staff, students, research, teaching and patient care at UCSF, San Francisco General Hospital and the VA Medical Center.

Some members of the news staff also function in a unit called *Institutional Communications,* which puts out four regular periodicals, all produced through the Publications Office:

- ***Today & Tomorrow.*** **Published twice a month for the general campus, it includes a calendar of events, announcements and brief news items.**
- ***UCSF Journal.*** **It features stories about staff employees and campus and hospital programs. It is distributed to all employees every two months.**
- ***UCSF Magazine.*** **It provides feature articles about campus teaching, research and patient care programs for an external audience of 40,000-50,000.**
- ***To Our Neighbors.*** **Mailed six times a year to residents living in the area near the campus.**

Other units and programs:

- ***TV "News Update,"*** **see pg. 12.**
- ***Tours and Speakers Bureau,*** **which arranges the weekly public tours and noontime "Brown Bag" lectures, held on campus and at half a dozen downtown corporate headquarters. This unit also produces campus multimedia slide shows and sponsors the campus blood drive.**
- ***Information and Visitors Center,*** **located in the lobby of the Medical Sciences Building, it produces the official Campus Map and "UCSF Now." Also at the center are informational display windows and binders with event notices of registered campus organizations.**
- ***Public relations consultation*** **to campus administration and to all campus units. Assistance in planning and implementation of campus special events.**
- ***Chancellor's Distinguished Lectureship for Public Understanding of Science,*** **an annual event that honors and brings to campus a major science writer.**
- ***Seminar for science writers.*** **Every spring campus faculty volunteer their time to present a series of lectures to Bay Area science writers in order to upgrade their understanding of science and medicine.**

It used to be a bare-bones outfit, the Publications Office, churning out 40 or 50 publications a year, including some catalogues and brochures.

That was a decade ago.

Now a staff of seven, with 12 national awards to its credit, produces some 500 projects annually for various campus "clients" — the schools, departments, associations, administrative units — as part of the UCSF Department of News and Public Information Services.

Projects range from buttons and balloons for Chauncey Leake Day to the *UCSF Magazine,* of high graphic sophistication.

Then there are the books, directories, calendars, bulletins, patient information booklets, posters, newsletters, stationery. . . . There's never a lull, says Naheed Aly, head of the Publications Office since 1973. "Every single person here is used to performing under pressure."

Each graphic designer has a specialty, she says, but all are capable of handling any job that comes in, or pitching in if needed. The group also includes production editors who plan and coordinate assigned projects. There are no writers on the staff, but the team recommends freelance writers to clients if they are needed. In fact, teamwork appears to be a basic philosophical commitment in this obviously congenial place on the top floor of the CED building on Folsom Street.

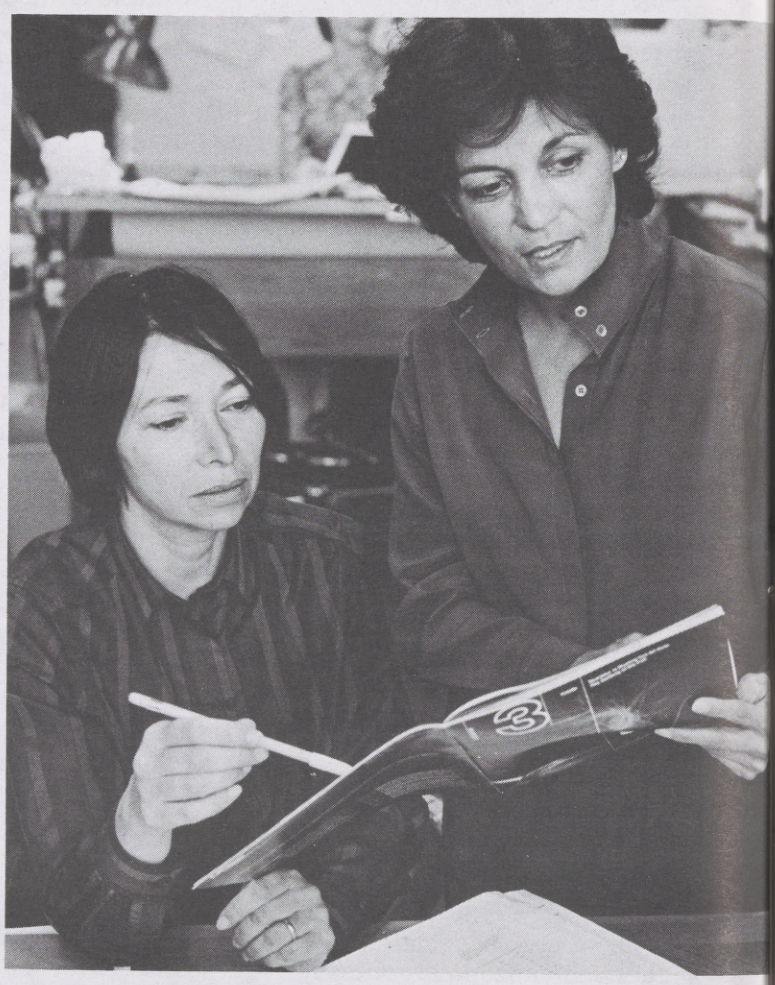
On this particular winter's day late in the year, 41 projects are in the works, including a single-sheet, 8½-by-11-inch patient handout, a women's resource guide and, for the Chancellor's Office, a full-color, 92-page campus Long Range Development Plan, complete with charts, graphs and architectural renderings. All are listed on a large production board, an in-house guide to every job's current status and future deadlines.

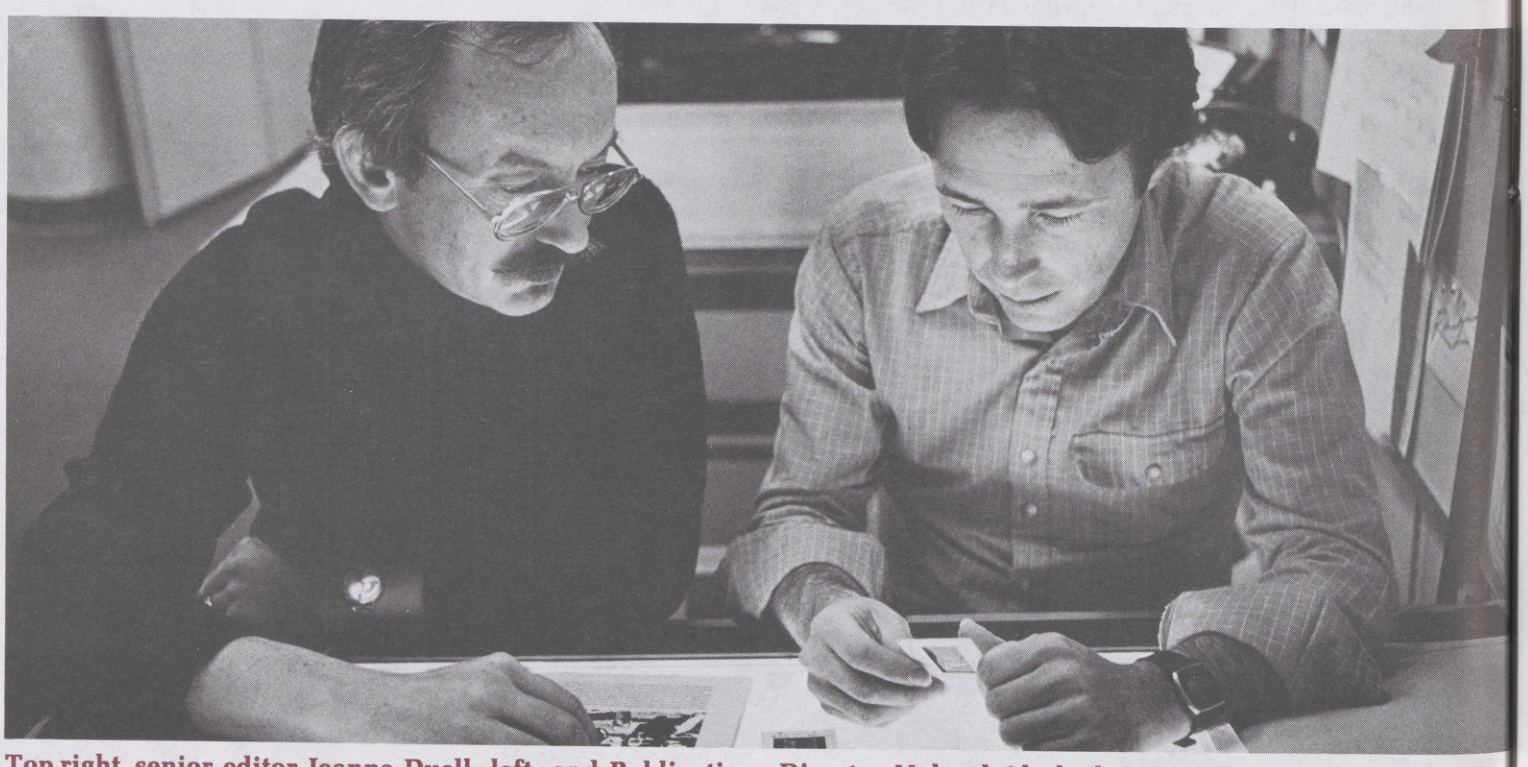
Senior editor Jeanne Duell picks up a felt tip marker and enters a few new dates. Duell keeps track of every job's progress and, with Aly, assigns each new one to an editor and an artist. As editor, she edits a manuscript and acts as middleman between client and everyone else on the production line, from typesetting to printing of the finished piece. "Initiating projects with clients from scratch brings into play so many activities — arithmetical to creative."

The first step, says Aly, is conceptualizing the publication — pinpointing what it's supposed to say, whom it's supposed to reach, and what it's supposed to make the reader think, or do.

Aly and staff advise clients on this initial planning free of charge. For it is the publication's *objective,* they say, that determines all the rest — its size; the shop selected to do the typesetting; quality of the paper; binding; whether photographs are desirable. Will black ink do? Or will the extra depth and crispness provided by another color in a duotone be better? Are matching envelopes needed? Is full color appropriate? Or die cut, bleeding, embossing or gold stamping?

The eventual look of the final product depends, for example, on whether a client wants to recruit faculty for a department, educate patients on the importance of regular checkups, disseminate information about academic





Top right, senior editor Jeanne Duell, left, and Publications Director Naheed Aly look over copy of *UCSF Magazine*. Above, senior editor Don McClelland, left, and senior artist Robert Stelson discuss a layout.

tin . . . Balloons

or administrative programs, publicize special events, inform employees of office hours, regulations and procedures or raise money from private donors.

"If clients want something more expensive than they need," says Aly, "We try to show them less expensive alternatives. But ultimately, they make the choices. We present the options."

"You start the design in your mind," says senior artist Robert Stelson. "You can't budget, or even estimate, the cost of a project without having a concept first. Then you have to translate that concept to the clients and vendors."

Stelson with 11 years on staff, has done this kind of interpreting for numerous campus groups, all with individual needs, goals and ways of thinking. He first joined the Publications Office as clerk typist. Encouraged by Aly, he took design courses to bolster a native talent and has been an artist

Artists are responsible for the overall appearance of a publication (including typeface, illustrations, placement, spacing and color), the rough layout showing those elements and the final pasteup on boards for photographing by the printer.

In an alcove next to Stelson, Carol Kummer, also a senior artist, is pasting up a page of the large and elaborate Long Range Development Plan. She takes a short, matchstick-thin strip of paper — a caption of a half-dozen words — and puts it down into apparently exact horizontal position. But she checks it, sliding a T-square up the table. Then, with a sharp x-acto knife, she gives it a final, barely discernible nudge into perfect alignment. When type is printed on both sides of the page, she explains, "naturally it has to fall back to back perfectly."

The Publications Office has made changes to accommodate recent growth in the workload — close to an annual 50 percent for the past three years. It now uses several freelance artists and editors when needed to supplement the regular staff. And it has recently revamped its business sytems, with administrative assistant Marga Dusedau implementing and monitoring business and fiscal functions.

Some of the new business comes from off campus. Senior editor Don McClelland, staff veteran of eight years, is managing editor of the *Journal of Biocommunication,* a national scholarly publication that covers the health media fields of video, film, photograph and medical illustration. With Robert Stelson, he is establishing a new format and design to give this high-quality coverage of medical artwork a look that's "really exciting."

In November Don McClelland gave a seminar, through campus Development and Training, on how to prepare a publication. This seminar will continue to be offered periodically by senior members of the staff, based on need and interest expressed by the campus clients. The Publications Office is also publishing a guide to explain how to use its many services. This guide, designed and illustrated by Anne Richardson, will be available next month.

"Ours is a profession that can be fun," says Richardson, "especially when we take clients' ideas and turn them into something that works — that's pleasing to look at and does what they want it to do.

"That's the challenge!"

Michele Liapes

Below, artist Anne Richardson, looking through paper samples. Bottom left, administrative assistant Marga Dusedau. Bottom right, senior artist Carol Kummer, middle, with free-lance consultant Valerie Sanford, left, and principal clerk Sandi Matthews, who is no longer with the department.

How to Talk to Your Doctor

The Community Health Education Program (CHEP) advisory board is composed of the following UCSF faculty and staff members and older adults and staff from community health organizations: Joseph Barbaccia, MD, UCSF professor and vice chairman of Family Care Medicine; Ana Bosch, St. Mary's Senior Center; Linda Civitello-Joy, senior administrative analyst, and Tom Gwyn, director, UCSF Public Service Programs; David Cross and Herb Spiro, community residents; Marion Hewitt, San Francisco Home Health; Ron Finley, lecturer and clinical instructor, School of Pharmacy; Nicholas Perkocha, North of Market Health Council; Elizabeth Rusk, St. Francis Lutheran; Larry Weiss, MD, Mt. Zion Hospital; Donna Yee, Laguna Honda Hospital; and Shirley Laffrey, PhD, School of Nursing, Department of Mental Health and Community Nursing.

"Hello, Nancy. How are you feeling today?" friendly Doctor Smith inquires as he enters the examining room. But seated on the table, clothed only in a paper gown and feeling sensitive about the wrinkles in her body, Nancy's response is inhibited. From her point of view, Dr. Smith is a young lad of 35. Nancy is 70. She would have preferred him to address her as Mrs. Thomas.

The characters in this scenario are fictitious, but the scene is familiar in examining rooms across the country. Mrs. Thomas, feeling vulnerable, buries her frustration, also in a familiar way. Later on, she might experience anger — at herself — for not having said or done something.

Forty-five-year-old Agnes Devron (also fictitious) has been sitting in her physician's office for 20 minutes, all but three of which have been interrupted by a seemingly endless stream of telephone calls to him. "Why doesn't he have his calls held during his consultation with me?" she thinks, as she becomes increasingly annoyed. When he follows up his telephone conversation with "Let's see, where were we?" she assertively states, "When we're discussing my case and you continue to answer the phone, it makes me feel very frustrated. If you could hold your calls for a few minutes, we could take care of our business, and I would feel much better and clearer about my case."

"The point of this is that you, the patient, give the best message you can," explains Linda Civitello-Joy, senior administrative analyst, Office of Public Service Programs. Civitello-Joy gives a Community Health Education Program (CHEP) lecture, entitled "Effective Communication with Your Doctor."

"You can't control the doctor's response," she says, "but you will know where you stand. If a doctor is not responsive, there are other doctors around. The main thing is that you feel satisfied with yourself so you don't come away from the doctor's office thinking, 'I should have said this or that,' and feeling bad about yourself."

CHEP lecturers like Civitello-Joy present useful health care information to audiences in 46 seniors' centers in San Francisco. Lecturers are UCSF faculty, students and staff.

"The communication topic was developed because our audiences would tell our faculty doctors that they were more comfortable talking to them during CHEP lectures than they were talking to their own physicians. With the help of our advisory board" [see adjoining article], said Civitello-Joy, "we designed a program to help people communicate not only with their physicians, but with other health care providers as well. Of course we emphasize," she explained,

"that the techniques we suggest are for those who are bothered by some of the complaints we hear. We acknowledge the fact that not everyone is bothered by things like being addressed by his or her first name."

Civitello-Joy offers a list of six suggested do's and don'ts to start the process of effective communication. These are:

1. Write down beforehand a list of questions and symptoms. Include information about the onset of the illness, drugs that are being taken and any other facts that will be helpful to the physician. Ask for a few extra minutes to insure sufficient time to discuss your concerns.

2. Avoid discussion in the examining room where you are unclothed and likely to feel at a disadvantage. Initial contact should be in the consulting room with an introduction or greeting, which is followed by the examination and then by discussion once you're fully clothed and back in the consulting room.

3. Avoid a long stay in the waiting room by reporting to the receptionist as soon as you arrive and stating your time limitations. When this is done, the patient's time is usually considered.

4. Ask for time out if you need it in order to think about information that has been given to you. Sometimes five minutes alone can make it possible for you to gather your thoughts or emotions. Several days might be needed in cases where a major decision has to be made.

5. Let your needs be known. The patient is the consumer of health services. It is possible to find a physician who meets your needs. Find out before you go what the billing procedure is, for instance. It will be a permanent part of your experience. If the doctor tells jokes or is overly serious and one of these two characteristics annoys you, you can make a change. You have a choice.

6. If the need arises, appoint a patient advocate to handle coordination of your health care. Such coordination is often provided by a relative, friend, physician or pastor when two or more consultants are involved in your care, in addition to the primary care physician.

With these six points Civitello-Joy suggests accompanying assertiveness techniques. The basic one is called DESC, an acronym for Describe-Express-Specify-Consequence. She advises her audiences to describe the nature of their problems; express their own reactions rather than how they would like the physician to react (e.g., "I feel frustrated," rather than "You make me feel frustrated"); specify the desired course of action; and enjoy a positive outcome or consequence.

Lastly, for difficult situations, she recommends role playing with someone close. "Ask a friend to be an active listener and to say back to you what she or he has heard. The point," she reiterates, "is that you, the patient, learn to give the best possible message."

Anyone who is interested in becoming a CHEP volunteer should call Dave Bracker at ext. 3206.

Jini Kilgore Robinson

Linda Civitello-Joy presents her talk to community groups regularly.

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Editor: Andy Evangelista
Associate Editor: Jeanne Duell
Designer: Carol Kummer
Layout: Anne Richardson
Editorial Assistant: Diane Sundberg
Michela Reichman,
Special Assistant to the Chancellor,
News & Public Information Services

Editorial Advisory Committee: Randy Balch, Allen J. Balderson, Kathy Balestreri, Dan Benton, Vera Berg, Alcus Bill, Charles Cannady, Mary Connolly, Carol Copperud, Jim Crawford, Joan Dunkel, Cheyney Johansen, Dianne Leiker, Leslie Lingaas, Tarran McDaid, Bruce MacGregor, JoAnn Nakamura, John Otto, Hilary Pritchard, Helen Ripple, Margaret Schneebeli, Judith Segerson, Linda Swantner, Margaret Warren, Harriet Weller, Jo Wheeler, Patricia Wizeman, Sara Wright, Nancy Zinn

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QUESTION MAN

How Do You Feel About Being an Operating Room Nurse?

Interviews conducted by Rocco Matone.

Bruce Wagman, 1½ years in UCSF OR: My greatest interest in life is anatomy and physiology, and here in the OR I can see it. It's there — not just a picture in a book. It's an appreciation for the real thing. You can read about it, but actually seeing it is astounding.

Jean Miyamoto, 4 years in UCSF OR: Trite, but true: I like a job where I can help people, not like worrying about the stock market. When people do work as a team it's very rewarding — and when they don't, it can be very frustrating.

Brigid Delgado, 2½ years in UCSF OR: We have a great group of hard workers, and there's never a dull day. I have the opportunity to use technologically advanced equipment like lasers. There's also the opportunity to meet people who are preeminent in the field of neurosurgery.

Janice Hall, 4 years in UCSF OR: The extreme variety is quite appealing. The speed at which things can be accomplished here is astounding. A patient can be near death one minute, and then two stitches later he's pulling through. By the way, what I like least is that there are no windows.

Eileen O'Leary, transplant surgery: Tremendous job satisfaction. When you've helped someone be cured, it's a great feeling.

Sharlene Tasato, 4 months in UCSF OR: I can learn something new every day. It's really helped me complete my knowledge of medical/surgical nursing care. It's given me a great overview of the entire perioperative care of a patient.

Mary Pappas, 1 year in UCSF OR: No two cases can ever be the same. Working in an environment where the unexpected often occurs keeps you on your toes. I'm learning and listening continually.

Miyamoto

Hardiman

Hall

Kaiser

O'Leary

Harris

Tasato

McIntire

Micki Hardiman, 4 months in UCSF OR: You can read books and books, but here I actually can observe what really happens. I'd like to add that people have a misconception about patient care down here in the OR. I can make a big difference. I'm here to hold their hand and make that difference.

Debbie Rubin, 3 years in UCSF OR: The kinds of cases we get in UCSF OR are routinely unusual. Also, the very thing that causes some nurses to leave causes others to stay — the extreme stress of the job. The role of the OR nurse at UCSF is quite different from that at other hospitals. Here, there's a lot of perioperative responsibility and participation on the part of the nurses. There's a lot of teamwork, too. We're not just servants to the surgeons.

Regina Kaiser, 1 year in UCSF OR: I like patient contact. You don't have a long period of time to be with the patient but the operating room is often a fearful situation for most people, so their needs and fears can be intensified. In that short period of time, being able to help someone feel a sense of comfort, safety and control in their situation is very important.

Lottie O. Harris, 20 years in UCSF OR: What I do behind the double doors is my way of caring. Visiting patients before surgery; being with them when the moment comes to attend to the reason why they are here in the first place; visiting them after surgery; preparing the correct instruments, supplies and equipment; holding a hand; comforting a family member; and working with other team members are sharing that caring with each patient that I come in contact with. At the end of each day, I have given and I have also received.

Jayne McIntire, oral surgery: Working with top surgeons is rewarding. I like the friends I have made in the OR.

BULLETIN BOARD

New handbooks with revised campus guidelines for radiation safety and biosafety are now available to all members of the campus who use ionizing radiation and/or regulated biological materials. Handbooks may be picked up from the Office of the Human and Environmental Protection Committee, Room C-116.

The Office of Public Service Programs has updated its directory, listing and summarizing the public service activities of campus departments and volunteer community efforts of individual faculty and staff.

The 200-page directory has been compiled from the responses to surveys distributed to all campus departments. Directories are available at the offices of department chairs and deans. For information on updating the directory, call David Bracker at ext. 3206.

Outdoors Unlimited has a cabin in South Lake Tahoe that is available for rental by members of the campus. The cabin, five minutes from Heavenly Valley, is available from Sunday noon through Friday noon and on selected weekends through March.

The cabin, which can accommodate up to 20 people, is a modern home with three bedrooms, two baths, a fireplace and fully equipped kitchen. Renters must use sleeping bags.

Rates are $60 per night during the week and $100 per night on weekends. A $50 deposit is required. The renting group must include at least one UCSF employee or student.

For more information, call ext. 2078 or 1800.

Police Chief Raymond A. Clark has prepared a special report to the staff of UCSF, describing the role and responsibilities of the Campus Police Department.

The report is available from department heads and unit supervisors.

TRANSPORTATION

Joe Brenner, Gwen Quiett, Margaret Aviles and Marlene Abrams

UCSF patients and their families who drive to the campus are experiencing great difficulty finding parking. This is partly due to new parking restrictions in the southeast section of Golden Gate Park.

It is essential that the needs of the patients be met, since patient services are the core of the academic programs. Thus, the campus is implementing changes to provide additional public parking in the campus garage. These changes will result not in reduction of decal spaces, only in relocation. If the parking problem continues, however, other measures may be needed.

Employees who drive alone to the campus are urged to consider alternatives, including some of the campus ride-sharing programs.

Why They 'Pool It'

At UCSF a growing number of students, faculty and staff participate in various forms of ride sharing. To find out who does and why, Joe Brenner of the Transportation Services Office polled several members of the campus who are in bus, van or carpool programs.

Margaret Aviles, administrative assistant, Administrative Vice Chancellor's Office, Concord III Vanpool since February: "I used to commute to UCSF by car. After driving through traffic and around campus for 45 minutes to an hour looking for parking, it would take me two hours to calm down. Riding the Concord Van is not only very convenient, but has been good for my nerves. I used to spend $210 a month in gasoline alone, driving to and from UCSF; that's compared to $72 a month to ride the van. I don't drive much at all these days. Now my car and I both get a rest."

Marlene Abrams, systems analyst, Financial Aid Office, Berkeley I Van since 1978: "I had been riding BART and AC Transit. The vanpool program is much better. It's faster, there is less hassle, and you get to know the people you ride with. We're a sociable group, and occasionally have parties. It's fun!"

Gwen Quiett, administrative assistant, School of Dentistry, Marin Commuter Club for six years: "I joined when my husband and I got married and we moved to San Rafael. The Commuter Bus is very convenient and very relaxing. It saves wear and tear on my car, and lets me leave the driving to them."

Steven Kunitake, postdoctoral fellow, Cardiovascular Research Institute, carpooler for three years from South San Francisco: "The number one advantage of carpooling is the ease of parking (carpoolers may park in the UCSF garage at reduced rates). It saves a lot of time. The people I pool with are members of the same research group I am in. We all live in a similar area and have similar hours. Since we split the expenses three ways, it cuts the cost by one third."

For information about the UCSF Ride Sharing Program, public transit and other services, contact ext. 1511.

NURSING SERVICES

Administrators Honored

Nursing Services staff held a surprise reception December 13 to honor and thank nursing administrators for their everyday efforts.

The staff presented plaques to: nursing office supervisor Betty Moyer; evening shift supervisor Ruth Epperson; principal administrative analyst Joyce Terrien; assistant directors Kathy Dolan, Carol Kreer, Essie Richmond and Ann Politeo; associate director Karen Day and director Helen Ripple.

AUXILIARY/VOLUNTEERS

Valuable Volunteer

For more than a year, volunteer Byron Griffin has been handling a variety of tasks five days a week at the UCSF Auxiliary's Bear-ly New Thrift Shop.

Although legally blind, Griffin sees well enough to arrange merchandise, write up sales, wash down the building and help people unload their cars when bringing donations. All this, and he still finds time to lend a hand occasionally to the other merchants near the shop's 1909 Fillmore Street location (between Pine and Bush).

Griffin was honored as Hospitals and Clinics volunteer of the month for November.

"He comes in early and stays until after closing time, filling in extra hours when I have no other volunteers," says manager Estelle Blair.

Since the summer, other volunteers of the month have been: Dorothy Lindner, Moffitt gift shop, August; Abraham Friedman, hematology-oncology clinic, September; and Elaine Pico, pediatric puppet play program, October.

Honored for December was Henry Korte, who volunteers in the pediatric surgery unit.

SFGH

Photographer Retires

Donald Longanecker, UCSF photographer at San Francisco General Hospital for 32 years, capped his lens and retired in September.

Longanecker said he "took a gamble" in 1950 on a part-time job as a photographer at SFGH. Before long, the UCSF Pathology Service there was calling on his skills, and he ended up with a full-time career that kept him busy for the next three decades.

Longanecker had not planned originally to make photography his livelihood. He trained as a zoologist and worked for UCSF's Hooper Foundation during World War II, doing field work on the role of rodents and parasites in transmitting diseases. Picture taking was just a hobby, one that he had started as a teenager with a 38-cent box camera. When he became interested in the possibilities of biomedical photography, he apprenticed for eight months in the photo lab at UCSF, until the job at SFGH became available.

Over the years, Longanecker has produced thousands of 3" x 4" lantern slides and 35 mm slides and prints, many of which have illustrated lectures and journal articles. Although employed by the Pathology Service, much of his work was for other UCSF units at SFGH.

Longanecker occasionally took publicity photographs for the hospital and lent his talents to the SFGH Memorabilia Committee, of which he is a founding member. Photography through the microscope has been a favorite interest, and he is currently president of the San Francisco Microscopial Society.

Longanecker plans to spend his retirement sleeping late in the mornings and traveling a bit. Photography will take a back seat to another long-standing hobby, collecting model railroad cars.

HOSPITALS/CLINICS

Award to Employee

Esterline Lacy, a principal clerk and librarian in the Department of Radiology's film/x-ray library, received an unusual but special honor this year.

She was presented the 1981-82 Radiology Residents Appreciation Award as the staff employee who was of the most help to them. She was selected by a vote of the residents. Lacy, who manages the skeleton films and gets them ready for physicians to examine, has worked at UCSF for 21 years, the last 16 in the Department of Radiology.

She received a plaque from the residents and a congratulatory letter from Department Chairman Alexander R. Margulis, MD.

Left, on Dec. 22, Director Kerr, Nursing Director Ripple and Chancellor Krevans moved Casey Moore, UC Hospital's last inpatient, to Long Hospital. With them were clinical nurses Verena Kutz and George Neal. below, on January 17, the first surgery in Long Hospital's new operating rooms.

PERSONNEL

Retirees Program

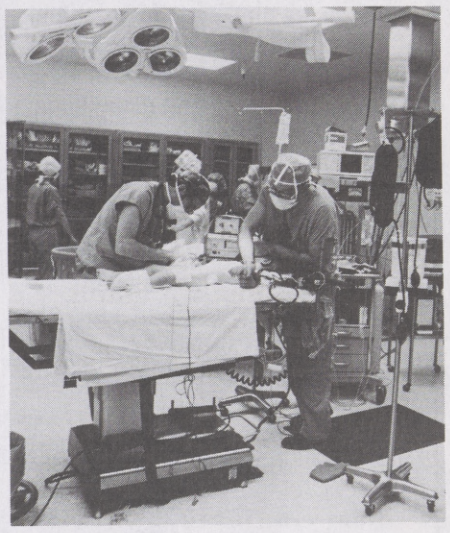
Four new workers, hired and trained through the campus Retirees Employment Program, are proving to be a valuable find for Telecommunications Manager Irene Holland.

Joseph Bini, Eileen Cowell, Bessie Johnson and Corinne Chakarian were recognized last fall by Chancellor Julius Krevans for their participation in the program. All completed a brief orientation and training program and are now working as part-time on-call operators in the Telecommunications Department.

The Retirees Employment Program gives individuals receiving retirement benefits or social security the opportunity to reenter the work force on a limited basis in order to utilize their skills and knowledge developed during career employment, according to Faracita Wyatt, who coordinates the program for the Personnel Department.

Although employees from the program are placed in many campus units, this is the first time a department has sought and trained a group of "retirees."

Holland is glad she made the move. "They have absolutely saved me. They're enthusiastic and reliable employees," she says.



Social Work Department Celebrates 40th Year

Clinical social worker Gwen Rowe-Lee (right) with patient Jason Doninelli and his mother Diane Deklerk in the Children's Renal Center.

The Department of Social Work at UCSF opened on December 1, 1942, with Ruth Cooper, head of the medical social work curriculum at UC-Berkeley, as half-time director.

With the country at war, many skilled social workers were serving in the Red Cross overseas and it was difficult to recruit staff for the fledgling department. Director Cooper was soon joined, however, by two assistants — a casework supervisor and a supervisor of social work interns assigned here from the Berkeley campus. Thus, the UCSF Department of Social Work and a similar program at San Francisco Children's Hospital became the first in the city to offer the services of professional medical social workers.

A 40th anniversary reception held at the Faculty/Alumni House on December 5 recognized all members of the social work staff, past and present, and paid special honor to the department's four former directors.

Forty years ago, as now, the staff of the department was responsible for assessing the psychosocial impact of serious illness upon patients and families. Counseling was offered, as well as referrals for help through community agencies. At Cooper's insistence, workers' notes on their patients were incorporated directly into the medical charts, making a statement somewhat unusual at that time in the profession about the importance of the social worker on the patient care team.

In 1948 Cooper left UCSF to complete work for her doctorate. She now lives in Oakland, where she's enjoying an active retirement. Her successor, Addie Thomas, served from 1948 to 1953. She left to become a national consultant with the American Association of Medical Social Workers. She now lives in Claremont, California. The third director, Marian Metz, came to the department as a student intern and later served as staff worker, supervisor and acting director before being named to head the department in 1955. She retired in 1974 after 28 years at UCSF and currently lives in Sausalito. Marie Simmons was then promoted from associate director, a position she had held since 1972, to become the department's fourth director.

In 1981, Simmons took a leave of absence from the department to develop the Cultural Awareness and Race Relations Education Program (CARE) for the Hospitals and Clinics. A year later she was asked to continue the program under a contract with UCSF and was replaced as director by Mary Jane Allison, formerly associate director.

In an interview, Mary Jane Allison described some of the important contributions that staff members make to patient care.

"Social workers here are called upon for psychosocial diagnoses and assessments, counseling and crisis intervention services, as well as for referrals to community agencies for help with concrete problems such as financial assistance, housing or transportation."

Allison added that social workers are also asked to consult with other staff on such problems as how to offer support to the parents of a dying child or how nurses can avoid job burnout when dealing day after day with difficult cases.

Although the department's primary focus has always been on direct patient service, staff members have an ongoing commitment to teaching. A student internship program is active within the department, and many staff members participate in in-service and educational programs for other disciplines. Many serve on community health and social agency boards and several have earned a national reputation for research. The department as a whole is recognized nationally for its advances in quality and quantity assurance in social work.

Claire Leeds Wray

'UCSF News Update'

Campus administration is planning to institute a new system of communication by TV monitors, which will broadcast announcements of administrative and personnel topics; news of clinical and scientific achievements; as well as more rapid responses to questions about ongoing situations of immediate concern to the campus, such as the current state and university budgets and the Medi-Cal contract.

The program will utilize existing staff of both the News and Public Information Department and EMR, as well as EMR's extensive technology, already in place for both cable TV and microwave broadcasting. The program, called "UCSF News Update," will be seen on TV monitors located in strategic places on the Parnassus campus and at SFGH, VA, CED and our other outlying facilities.

It will supplement already existing print methods of communicating with the campus, such as *Today/Tomorrow, UCSF Journal,* internal memos and posters — and communicate more quickly and in many cases more cost effectively.

Plans are for "UCSF News Update" to start operation sometime in March. Janet Norton, assistant director, News and Public Information Services, and Peter Ng, director, EMR, are coordinating the program. For further information contact Janet Norton, ext. 2557.

Chancellor's Inauguration, Founders Day Events

The campus will celebrate the inauguration of its fifth chancellor, Julius R. Krevans, MD, at our second annual Founders Day on Saturday, March 5, 1983.

Inauguration activities will begin after lunch in the Millberry Union lounges with the colorful academic robing ceremony, followed by a procession to Cole Hall, where the inauguration will be held at 2 pm. The formal inaugural address will be delivered by Steven Muller, PhD, president of The Johns Hopkins University, where Dr. Krevans served before coming to UCSF in 1971.

A reception, to which the campus is invited, will be held after the inauguration in the foyer of the School of Nursing building.

An official event hosted by UC President David Saxon, the inauguration will include a variety of campus speakers. Among those who will bring greetings to the new chancellor are William K. Coblentz, chairman of the UCSF Board of Overseers and a former UC Regent; John A. Starkweather, PhD, on behalf of the UCSF faculty; Carol M. Copperud, representing staff employees; and Marjorie Bogaert for the UCSF student body.

Founders Day—which has become an annual event bringing together all segments of the campus, alumni and community to celebrate the origins, history, growth and contributions of the University—will again include mini-presentations and tours in the four schools. Graduate students will play a major role in the tours and demonstrations.

"I was really surprised by the large number of students who approached me and wanted to be involved," says Bogaert, internal affairs president of the Graduate Students' Association and a student in the School of Nursing master's program.

"They see this as a significant event, the beginning of a new era at UCSF," she says. "In these times of financial difficulty, budget cuts and crucial issues facing the University, we need to show support to the Chancellor, who will be representing and supporting us."

Many students have volunteered to lead tours and participate in presentations and activities.

"Many are seeking some kind of campus unity," Bogaert says of the increased interest of students.

"Also, this gives us a chance to show off our work at the University."

The tours are expected to be well attended by alumni and members of the community; staff employees and students will find this a good opportunity to look at what other departments are doing. On Founders Day there will also be concurrent lectures by faculty from the schools of Dentistry, Nursing, Medicine and Pharmacy, with topics including fetal intervention, orofacial anomalies, drug design and health care costs.

On the morning of Founders Day, visitors will be able to pick up literature and program information in the Alumni/Faculty House or the Hospitality Suite in Millberry Union. They will also view a multimedia slide show and videotape of selected news spots featuring UCSF. At 11:45 am, new chimes for the Founders Day clock will be installed, and a gourmet luncheon in the Millberry Union Gym will follow. Advance tickets are required for the luncheon as well as for the inauguration.

As last year, Founders Day will be kicked off on Friday, March 4, with an all-campus party in the Millberry Union Gym from 3 to 5 pm. "A principal purpose of the kick-off party is to thank and acknowledge the staff of the campus for the contributions they make to the excellence of the University," says Assistant Chancellor Frances Petrocelli.

A committee of staff employees—including representatives from the Black Caucus, Latin American Campus Association, Asian Health Caucus, United Filipino Employee Association, Staff Employee Council and campus satellite locations — is planning an afternoon of entertainment and refreshments.

Kick-off party chairman David Bracker is encouraging staff to participate in all Founders Day and inauguration events. "As employees, sometimes we take UCSF for granted," says Bracker, who is community health manager in the office of Public Service Programs. "If you look at the overall accomplishments of the University, you have to feel a bit proud. Even if for only one day, this reminds us that we're part of something pretty good. . . . Also, it will be fun."

MOVING

Henderson

Hopper

Goggio

Ellerbe

Armitage

Lynch

Frances Henderson, MSN, EdD, is the new recruitment specialist in the School of Nursing. During the next year she will study the nursing student recruitment process, including minority outreach, and develop a comprehensive plan for the school. Henderson received a master's degree in psychiatric nursing from UCSF in 1966 and a doctorate in education from Nova University in Ft. Lauderdale, Florida, in 1978. She is currently coordinator of the California statewide nursing project for service education consensus on associate degree nurse competency. Henderson replaces Wayne Morris, former School of Nursing recruitment and retention officer, who has left the university.

Diana Hopper has been appointed purchasing manager in the Material Management Department. She previously was assistant purchasing manager.

Annette C. Goggio, MPH, has been named department administrator, Radiation and Oncology. She is responsible for academic research and financial administration of the department. Before coming to UCSF, she worked with Trust Territory of the Pacific Islands and Herrick-Alta Bates Services (HEALS) Health Maintenance Organization.

Suellyn Ellerbe has been promoted from staff development instructor to assistant director, Nursing Administration.

Carol Lemmon, formerly a unit secretary, is now a staffing coordinator, Nursing Office.

Suzanne Armitage has been promoted from clinical nurse II to assistant head nurse in Pediatric Surgery. **Diane Saiki,** formerly clinical nurse II, is now an assistant head nurse in the Intensive Care Unit. **Mary Lynch** has been promoted from clinical nurse II to assistant head nurse in the Intensive Care Nursery. **Pat Shannon** has been promoted from clinical nurse III to assistant head nurse in the Well Baby Nursery. **Berta Zamora,** formerly a hospital assistant, is now a licensed vocational nurse, working as a permanent float.